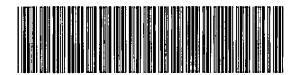
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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO:	New Filing Sec Division of Co							
er n I	D / VIII	SM	ITH RNFA L	LC				
Name of Limited Liability Company								
The en	closed Articles of	Organization and fee(s)	are submitted	for filing.				
Please	return all correspo	ondence concerning this r	natter to the f	ollowing:				
		C	TLAIRE A SM	ятн				
	_		Name of	Person				
		S	SMITH RNFA	LLC				
	Firm/Company							
	4814 SE 11th PLACE							
	Address							
	OCALA. FLORIDA 34471 City/State and Zip Code asmithfla48@gmail.com							
		E-mail address: (to be use		nnual report notificati	on)			
For furth	ner information co	ncerning this matter, plea	ase call:					
	ANN SMITI	1	352	572-5994				
	Nan		Area Code	Daytime Telephon	e Number			
Enclos	ed is a check for t	he following amount:						
□\$12	5.00 Filing Fee	■\$130.00 Filing Fee of Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Fi Certificate of Certified Cop (additional cop	SHOWER TO THE PROPERTY OF THE		
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810 - r	RY OF STATE			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SMITH RNFA LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
	the Limited Liability Company is: <u>Mailing Address:</u>
e mailing address and street address of the principal office of	
e mailing address and street address of the principal office of Principal Office Address :	Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Steve	W Chordas - EA	
	Name	
500	2 NW 57th Ave	
Florida street addres	s (P.O. Box <u>NOT</u> acc	reptable)
Ocala.	Florida	34482
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:	
"AMBR" = A "MGR" = Ma	uthorized Member	
Owner/MG	R CLAIRE A SMITH	
	4814 SE 11th PLACE OCALA, FL 34471	
	OCALA, IL SHATI	
		
<u></u> .		
(Lice attachme	ent if necessary)	
If an effective date is I he date of filing.) <u>Note:</u> If the date insert	e date, if other than the date of filing:	s days prior to or 90 days after
DEOLIDEO	CICNATUDE.	
REQUIRED	SIGNATURE:	
	Clare a Smith	
	Signature of a member or an authorized representative of a This document is executed in accordance with section 605.0203 (1) (I am aware that any false information submitted in a document to the I constitutes a third degree felony as provided for in s.817.155, F.S.	b), Florida Statutes.
	CLAIRE A SMITH	202 SE I
	CLAIRE A SMITH Typed or printed name of signee	AL CR
	Filing Fees:	
\$125 00 EH	na Kao for Articles of Organization and Decignation of Posistered A	FS 5 F

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)